

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
19185604
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	#	#	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				51			
2	/				52			
3	/				53			
4	/				54			
5	/				55			
6	/				56			
7	/				57			
8	/				58			
9	/				59			
10	/				60			
11	/				61			
12	/				62			
13	/				63			
14	/				64			
15	/				65			
16	/				66			
17	/				67			
18	/				68			
19	/				69			
20	/				70			
21	/				71			
22	/				72			
23	/				73			
24	/				74			
25	/				75			
26	/				76			
27	/				77			
28	/				78			
29	/				79			
30	/				80			
31	/				81			
32	/				82			
33	/				83			
34	/				84			
35					85			
36					86			
37					87			
38					88			
39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	/		/		TOTAL IND.			
TOTAL DEP.	13		18		TOTAL DEP.			
TOTAL CLAIMS	16	REVISIONS	18	REVISIONS	TOTAL CLAIMS	REVISIONS	18	REVISIONS

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS